Organisational Wide Policy
- Org 116 - Elder Abuse

Policy Statement

Beechworth Health Service, (BHS), is responsible, and actively requires of its staff and volunteers, that residents, patients and clients are protected from elder abuse that may occur whilst they are in the care of BHS. The health service requires that all alleged or suspected cases of elder abuse occurring to residents, patients or clients are reported to executive management for immediate investigation and action.

Staff must be open to the possibility of elder abuse and know the signs that may indicate elder abuse cases. They must report any sudden or unusual changes in the behaviour patterns of residents that they believe may be related to abuse.

Any disclosure of abuse must be treated with respect and confidentiality.

Staff must understand the provisions for protection of those who disclose abuse.

Allegations of actual or suspected unlawful sexual contact or unreasonable use of force on a resident, patient or client, must be reported to the Nurse Unit Manager or delegate and reported via the VHIMs / Riskman incident reporting system. The Manager is responsible to ensure that the Director of Nursing and the Chief Executive are informed as soon as practicable once any abuse (actual or alleged) is uncovered but no later than 12 hours from the matter having come to their attention. The reporting staff member/s is/are responsible for completing documentation of their allegations including the names of any witnesses in accordance with this policy within the designated timeframes.

A staff member may to report directly to the Police or the Department of Health. This may occur, for example, if a staff member does not feel comfortable reporting alleged incidents that may directly involve the home's personnel or the approved provider.

Process

When to Report an Abusive Situation

Reporting of alleged or actual abuse of aged care recipients is mandated on staff through legislation – time frames apply (See 7.3 below).

Client observation

1. Bruising or wounds may be present that cause the staff member to suspect abuse may have occurred
2. An aged care recipient may disclose that a person or persons are abusing them.
3. When a change occurs in a client's behaviour or physical condition, staff need to identify a possible cause. Even though a client may exhibit one or more possible signs of abuse, it does not automatically mean they are being abused, but it must be reported. Staff must report any of the following incidents or suspicion that the following may have occurred to the nurse in charge or manager of the program area;
4. A shows a change in behaviour or mood or any of the previously described signs
5. You observe someone behaving towards a client in a manner that makes you feel uncomfortable
6. A client tells you that they are being abused by another client or staff member in their unit/program
7. A person tells you that they are abusing a co -client
8. A client, staff member or visitor tells you that they have observed abusive acts

9. You observe an action that may be considered abusive

Do not dismiss what a client with dementia tells you merely as 'dementia talk'.

Special circumstances where there is discretion not to report

The legislation allows limited circumstances where there is discretion not to report. These relate to:

- alleged assaults that are perpetrated by residents with an assessed cognitive[1] or mental[2] impairment; and
- subsequent reports of the same or similar incident

These alternative arrangements focus on an approved provider's responsibility to provide a safe environment for all residents. This includes managing the behaviour of a resident who has an assessed cognitive or mental impairment and may have committed an assault.

These discretionary circumstances do not prevent an approved provider from reporting an assault to the Police or the Department, where this may be the most appropriate response. Depending on the level of severity of an assault on a resident and in cases where a resident is seriously harmed, the Department strongly encourages providers to report.

Assaults perpetrated by a resident with cognitive or mental impairment

In applying the discretion not to report in these circumstances, the approved provider is required to meet the following conditions that are detailed in the Act:

(a) Within 24 hours of receiving an allegation or the start of the suspicion, the approved provider forms an opinion that the assault was committed by a resident; and

(b) Prior to the receipt of the allegation, the resident has been assessed by an appropriate health professional as suffering from a cognitive or mental impairment; and

(c) the approved provider puts in place, within 24 hours of receiving the allegation of an assault, or of suspecting an assault has occurred, arrangements for management of the resident's behaviour; and

(d) the approved provider has:

> (i) a copy of the assessment (or other documents) regarding the resident's cognitive or mental impairment; and
>
> (ii) a record of the behaviour management strategies that have been put in place under paragraph (c) above.

A behaviour management plan must be developed, documented and regularly reviewed by a suitably qualified health professional and include information regarding:

- the environmental factors which could contribute to or cause the behaviour;
- the possible health or medical factors which could contribute to or cause the behaviour;
- the possible communication needs of the person which may be contributing to the behaviour; and
- what interventions are being trialled, or are in place, including alternatives to restraint, for managing the behaviour.

Appropriate health professionals to assess cognitive and mental impairment

An assessment of a resident's cognitive or mental impairment for the purposes of applying the discretion under the Act could be undertaken by one or more of the following:

- an Aged Care Assessment Team (ACAT);
- a resident's GP;
- a registered nurse (RN)
- another health professional with the appropriate clinical expertise, e.g. such as geriatrician, psycho-geriatrician, geriatric nurse and clinical psychologist.

It is important to note also that an assessment may have been undertaken in a community and/or hospital setting.

Similar or previously reported incidents

The requirement to report reportable assaults under Section 63-1AA of the Act does not apply to later allegations which could include the following:

(a) related to the same, or substantially the same, factual situation or event as an earlier allegation;

(b) has previously been reported to a Police Officer and the Department under Section 63-1AA of the Act;

(c) where different people report the same event; and/or

(d) the same person makes allegations repeatedly where these allegations have been followed up.

The Health Service must notify the Commonwealth's Aged Care Complaints System (for residential care clients), the Department of Health Victoria and the police within 24 hours of a report of an abusive situation. Failure to report an abusive situation may result in disciplinary action**.**

Through their line manager, Program Managers or their delegate, staff will ensure that the Chief Executive is informed of any allegations of abuse and of measures taken to prohibit future abuse. Suspected or actual abuse must be reported to the Chief Executive as soon as practicable but at least within 12 hours of becoming aware of the allegation or actual abuse in order to meet client need as soon as possible and enable BHS to meet reporting timeframes that are set under Aged Care Act Amendments. It is recognised that at times external agencies (e.g. ACAT, VCAT, Police, etc.) may need to be involved to protect the elderly person from abuse.

Responding to an abusive situation:

1. *If there is an immediate threat to a client;*
2. Remain calm
3. Consider whether you can take immediate action to stop the abuse occurring, without endangering the client, yourself or other people
4. Alert other staff via call bell or alarm system
5. Report to nurse in charge or manager – if significant threat is present or injury has occurred it may be prudent for the staff member to notify police immediately on '000' – this is especially so for community based clients where no other help is available to assist the staff nor the client
6. Reassure and comfort the client
7. Once the situation is controlled, document the incident and complete an adverse event form
8. Do not disturb the area or remove any items involved in the incident
9. Do not wash or clean, the client or their clothing in any suspected or actual case of physical or sexual assault until the police state that you may. (The clothes worn at the time of the incident may be placed into a clean plastic bag)
10. Report to the nurse in charge or manager any additional changes or concerns that you think of or observe later
11. *If there is no immediate threat to the client;*

12. Reassure and comfort the client
13. Report to nurse in charge or manager
14. Document the incident and complete an adverse event form
15. Do not disturb the area or remove any items involved in the incident
16. Report to the nurse in charge or manager any additional changes or concerns that you think of or observe later

Managing the Allegation of Abuse of Aged Care Recipients

On receiving the allegation of abuse, the Chief Executive or delegate shall, within the time frames required under legislation,:-

1. Seek further information as necessary
2. Keep written records of the matter
3. Notify police by phoning '000' in accordance with Commonwealth Aged Care protocols for Victoria if the alleged victim is an aged care recipient. It may be necessary to request a police photographer attend
4. Notify NOK/POA
5. Notify the Aged Care Complaints Scheme on 1800 081 549 if the alleged victim is an Aged Care recipient and ensure the complaint ID no is obtained and recorded.
6. Enable medical review to be undertaken
7. Ensure that the resident /clients next of kin or guardian is informed as appropriate
8. Enter the allegations on the BHS 'Elder Abuse Register'
9. As necessary, consider standing down or alternative duties for the alleged abuser if the person named is a staff member or volunteer. This is an action to protect the staff member/volunteer from potential additional allegations as well as an action to protect the alleged victim. It is not an action determining guilt and should not be considered as such.
10. Offer counselling and support to the alleged victim, whistleblower/s and if appropriate, next of kin.
11. Undertake and investigation of the alleged abuse – this is to occur in parallel with any police investigation that may occur.
12. Ensure that the whistleblower/s, alleged victim, their next of kin and alleged abuser (if a staff member or volunteer) have been asked to maintain confidentiality to reduce likelihood of gossip and untruths as well as maintain the reputation of all parties. This does not prevent any person involved seeking legal advice, participating in police or internal investigations or seeking counselling.
13. Inform Mental Health Branch at DoH if the person is a mental health client.
14. Seek legal advice as required

Protection of disclosing person

Where the discloser is a staff member or volunteer, making a disclosure on reasonable grounds of a suspicion that a reportable assault has occurred and that the disclosure is made in good faith to the executive of BHS, BHS will ensure that the staff member/volunteer is protected from victimisation. BHS will also ensure that the identity of the discloser is protected with the exception of providing information to the police, the Department of Health, where approved by law and to the organisation.

Outcome

- Instances of Elder abuse occurring at BHS are minimised, and where suspected, reported appropriately.
- All staff are aware of the requirement to report instances of suspected or actual elder abuse.
- All reportable assaults are reported within required timeframes.

Definitions

The abuse of older people occurs when ***"there is any act occurring within a relationship where there is an implication of trust, which results in harm to an older person."*** Abuse can include physical, psychological, social, sexual, neglect, social or financial. Each type of abuse can result in behaviour changes that indicate to others around them that something is not right. There may in fact be no obvious signs that alert a staff member of a suspicion or knowledge of abuse.

Physical abuse is the infliction of physical pain or injury or physical coercion. Unreasonable use of force may range from unwarranted physical force on a resident up to violent physical attacks, examples of which include: hitting, punching or kicking a resident regardless of whether this in fact causes visible harm such as bruising. Further detail can be found in the Commonwealth Department of Health and Ageing paper "Compulsory Reporting Guidelines for Approved Providers of Residential Aged Care", www.health.gov.au/oacqc

Signs of physical abuse may include:

- Bruises, lacerations or abrasions
- Welts or rashes
- Broken or healing bones
- Burns
- Facial swelling or missing teeth
- Pain or restricted movements
- Crying or acting fearful
- Unexplained accidents or injuries
- Conflicting stories between resident/staff/family about the cause of injuries

Psychological abuse is language or actions designed to intimidate another person and is characterised by a pattern of behaviour repeated over time, intended to maintain a 'hold of fear' over the resident.

Forms of psychological abuse include:

- Intimidation, humiliation and harassment
- Withholding of affection
- Refusing a resident access to family members or close friends
- Depriving a resident of sleep
- Inappropriate removal of a resident's decision making powers

Signs of psychological abuse include:

- Loss of interest in self or environment
- Withdrawal, apathy
- Insomnia
- Reluctance to talk openly
- Fearfulness
- Huddling or nervousness around a particular person
- Paranoid behaviour or confusion not associated with illness

Social abuse involves preventing a person from having social contact with friends or family or access to social activities.

Forms of social abuse include discouraging or stopping residents from seeing other people or preventing them from taking part in activities in or outside the residential aged care facility.

Signs of social abuse include:

- Sadness and grief because people are not visiting
- Anxiety after visits by a particular person
- Withdrawal, lack of interaction with others, passivity
- Low self-esteem, sadness
- Appearing ashamed

Sexual abuse **(assault)** is sexually abusive or exploitative behaviour.

Sexual assault is the term used for a broad range of unwanted sexual behaviour. Sexual assault is a criminal act at law. Sexual abuse is a form of sexual assault. Abuse and assault are mainly about violence and power over another person, rather than sexual gratification or pleasure. Sexual abuse includes rape, indecent assault, sexual harassment and sexual interference. Sexual activity with an adult, who is incapacitated by a mental or physical condition that impairs his/her ability to grant informed consent, is defined as sexual assault/abuse. Sexual abuse can include practices such as inappropriate, and possibly painful, administration of enemas or genital cleansing.

Signs of sexual abuse include:

- Unexplained sexually transmitted diseases or infections
- Bruising in genital areas, inner thighs or around the breasts
- Unexplained vaginal or anal bleeding
- Fear of certain people or places
- Torn, stained or bloody underclothing, continence aids or bed linen
- Difficulty in walking or sitting
- Use of sexually explicit language or references by a resident

Neglect is the failure of a carer to provide the necessities of life to a person for whom they are caring. Neglect can be intentional or unintentional. Neglect is considered intentional when an older person is abandoned, not provided with adequate food, clothing, shelter, medical attention or dental care. Neglect may be the improper use of medication, poor hygiene or personal care or the refusal to allow other people to provide adequate care.

Neglect is considered intentional when a resident is not provided with adequate food, clothing, and personal items, medical or dental. Inappropriate use of medication (overuse, under use or misuse), not providing adequate personal care and/or hygiene, and not allowing other people to provide adequate care are also forms of neglect.

Signs of neglect:

- Poor hygiene or personal care
- Lack of personal items
- Absence of health aids
- Inappropriate or lack of clothing
- Weight loss
- Secretiveness or agitation

Financial abuse involves the illegal or improper use of a person's finances or property by another person with whom they have a relationship implying trust

It is the improper or illegal use or mismanagement of a person’s money, property or resources. Stealing, forgery, fraud, embezzlement, forced changes to a will, inappropriate removal of a residents’ decision making powers and misuse of power of attorney are all forms of financial abuse or exploitation.

Signs of financial abuse:

- Unpaid accounts

- Withholding of funds from a person
- Client lacks money for items needed or to pay for outings
- Loss of jewellery or personal belongings
- Removal of cash from a wallet or handbag
- Money missing from a client's bank account
- Client is fearful and anxious when discussing finances
- Client frequently changes his/her mind about their power of attorney
- Management of a competent client's finances by another person when the client has not asked them to do so

Quality & Risk Management

Goal	**Risk**	**Rating** (with controls as per this policy)	**Required actions**
Elder abuse is minimised and where suspected reported appropriately. Staff are aware of the requirement to report instances of suspected or actual elder abuse. All reportable assaults are reported within required timeframes.	That elder abuse is not reported appropriately. That staff are not aware of the reporting requirements. That reportable assaults are not reported within the required timeframes.	Freq= Unlikely Conseq = Moderate Rating = Medium (6)	• Specify Management accountability and responsibility • Monitor Trends • Develop Quality improvement plans

Policy Quality Improvement Action Plan

Specify accountability and responsibility	• Governance and responsibility for this policy is assigned to the Quality Client Services Committee.
Monitor Trends	• All reported instances of elder abuse will be investigated. • Documentary records of all investigations will be maintained.
Education	• This Policy will be displayed on the staff intranet • The Quality Client Services Committee will monitor the effectiveness of this policy. • Education will be conducted at staff orientation • Education sessions will be conducted from time to time as deemed necessary
Quality Improvement	Quality Improvement to this policy will be informed at review by: • Feedback (if any) • Department Policy • Industry Guidelines • Incident reports

Signing this document signifies that you have read and understood the outlined policies and undertake to abide by them.

Applicants Name (Print): ……..……..

Department: ……..……

Signed: ……..…….. Dated: ……

Authorised by: ……

Executive member (CE, DON, Primary Health Manager, Services Manager, Quality & Risk Manager, Chief Accountant)

…….. Printed Name

Document Control

Standards	• NSQHSS: 1.15.1 Supporting the workforce to recognise and report complaints. • Aged Care: Standard 1.2 - Regulatory Compliance • Aged Care: Standard 1.4 - Comments and Complaints • Aged Care: Standard 4.3 - Education and Staff Development •

References	• Department of Health Vic: Health Priorities Framework 2012-22 : Elder Abuse Prevention and Response Guidelines for Action 2012-14
	• Abuse of elder people: Preventing and responding to the abuse of older people who live in residential aged care. The Benevolent Society 2006
	• The Elder Abuse Prevention Unit (QLD) 2006 - www.eapu.com.au
	• Aged Care Amendment (Security & Protection) Act 2007
	• Compulsory Reporting Guidelines for Approved Providers of Residential Aged Care. Department of Health and Ageing - Office of Aged Care Quality and Compliance June 2008
	• Aged Care Investigation Principles 2007
	• Aged Care Accountability Principles 1998
	• BHS policies:
	  • Privacy
	  • Witness & Court Attendance re Workplace Issues
	  • Protected Disclosure
	  • Code of Behaviour

Approving Committees	Quality Client Services Committee (QCSC) Approval Date: 28/02/2017 Approval Date:
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